Cause of population explosion

792. MISS MABEL REBELLO: Will the Minister ofHEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government have studied in depth the cause of population explosion;

(b) if so, the details thereof;

(c) the names of States where growth of population is on the increase;

(d) the steps taken by Government to control the increasing growth of population in these States; and

(e) whether Government offer any incentives to States which excel in controlling population growth?

THEMINISTEROF STATE IN THEMINISTRYOF HUMAN RESOURCE DEVELOPMENT [DR. (SHRIMATI) RITA VERMA]: (a) and (b) Approach to the Ninth Plan lists the following three factors for the current population growth rate:—

(1) the large size of population in the reproductive age-group (estimated contribution 60%).

(2) Higher fertility due to unmet needs for contraception (estimated contribution 20%).

(3) High wanted fertility due to prevailing high Infant Mortality Rate (estimated contribution about 20%).

A large number of other factors also influence population growth and in turn, are affected by it. Some of these factors are women's empowerment, women's status in the family, education particularly of women, etc.

(c) As per Census 2001 the States of Haryana, Uttar Pradesh, Bihar, Sikkim, Nagaland, Manipur, Gujarat and UTs of Daman and Diu, Dadra and Nagar Haveli have registered increase in the growth rate of population during the period 1991—2001 as compared to the previous decade of 1981—1991.

The States/UT-wise details on decadal growth rateof population are given in Statement-I. *(See below)*

(d) Information is enclosed at statement-II. *(See* below;

(e) The States which have better performance in toUywelfire programmes resulting into lower growth of population receive higher allocation in the

budget depending on the performance particularly in respect of supply of contraceptives, compensation for sterlization/IUD insertion and area specific programmes.

As a motivational measure, in order to enable State Governments to fearlessly and effectively pursue the agenda for population stabilization, the Government has decided to freeze the number of seats in the Lok Sabha and the Rajya Sabha based on the 1971 Census till 2026.

Statement-I

Decadal growth rate of population-States/Union territories: 2001

India and State/ Union territories	Decadal growth rate	
	1981—1991	1991—2001
1	2	3
INDIA	23.86	2134
Jammu and Kashmir	3134	29.04
Himachal Pradesh	20.79	17.53
Punjab	20.81	19.76
Chandigarh*	42.16	4033
Uttaranchal	2423	1920
Haryana	27.41	28.06
Delhi*	51.45	4631
Rajasthan	28.44	2833
Uttar Pradesh	25.55	25.80
Bihar	2338	28.43
Sikkim	28.47	32.98
Arunachal Pradesh	36.83	2621
Nagaland	56.08	64.41
Manipur	2929	30.02
Mizoram	39.17	29.18
Tripura	3430	15.74
Meghalaya	32.86	29.94
Assam	N.A	18.85

1	2	3
West Bengal	24.73	17.84
Jharkhand	24.03	23.19
Orrssa	20.06	15.94
Chhattisgarh	25.73	18.06
Madhya Pradesh	2754	2434
Gujarat	21.19	22.48
Daman and Diu*	28.62	55.59
Dadra and Nagar Haveli*	33.57	5920
Maharashtra	25.73	22.57
Andhra Pradesh	2420	13.86
Karnataka	21.12	1725
GOB	16.08	14.89
Lakshadweep*	28.47	17.19
Kerala	1432	9.42
Tamil Nadu	1539	11.19
Pondicherry*	33.64	20.56
Andaman and Nicobar Islands	48.70	26.94

*Source: Office of the Registrar General India Census of India 2001 (Prov. Totals)

Statement-II

Steps taken by Government to control the increasing growth of population

The follovving are some of the intitiatives taken during the last two^years oo the issue of containing the growth of population and expediting the pace of implementation ofNational Family Welfare Programme:

Stabilizing population

For the first time in independent India, a comprehensive National Population Policy has been adopted by the Government with the objective of improving the quality of life of the citizens, by reaching out to them with an enhanced package of services and supplies, that will *inter-alia* serve to stabilize the unregulated growth of population.

1 , National Commission on population has been constituted directly under the chairmanship of Prime Minister with Chief Ministers of all

States/UTs, demographers, Non-Government organizations and public health professionals as members to advise in operadonalising the National Population Policy.

- An Empowered Action Group has been constituted under the chairmanship of the Union Health and Family Welfare Minister for focussed attention on improving the coverage and outreach of services in the eight States of Uttar Pradesh, Uttaranchal, Bihar, Jharkhand, Rajasthan, Orissa, Madhya Pradesh and Chhattisgarh, involving voluntary associations, community organizations and Panchayati Raj institutions in this national effort
- Series of consultations have been held with all stakeholders *ue* the State Health and Family Welfare Ministers, State Secretaries, professional medical associations and medical experts, NGOs, media persons, Corporate sector and civil society for implementation of the National Population Policy, 2000.
- In order to arrest the adverse sex ratio, an intensive campaign has been launched against the practice of female foeticide through die mass media, print and electronic media as well as through the voluntary organizations for stricter enforcement of the Law [The Pre-Nalal Diagnostics techniques (Regulation and Prevention of Misuse) Act 1994 *is* being amended as well to cover *the* new emerging technologies and for ensuring effective implementation'of die Act]
- Male participation in die programme has increased manifold with the growing popularity of No Scalpel Vasectomy—a much-improved method.

Integrated service delivery: Reproductive health

- Immunization is key to health of children by reducing infant mortality, RCH outreach services such as immunization, ante and post natal check upt, information and counselling, as well as contraceptive services are being provided. This scheme which covered 50 districts last year, has been extended during die current year to 101 additional districts.

1 In an effort to supplement existing interventions seeking to expand outreach and coverage, a series of "Parivar Kalyan and Swasthya Melas" have been held all over die country including Mathura, Demi, Lucknow, Kargil, Patna, Badal, Perambur, Sultanpur (UP.) and Ghazipur (U.P.). [Many more are being planned.]

- RCH Camps are also periodically organised at primary health centres for providing integrated services to the rural population, especially women and children, in remote and under-served areas. The scheme, which was started in 101 districts last year, has now been extended to 77 additional districts in the current year.
- The programme for training of traditional birth attendants (Dais), with provision of ldts, has been introduced in 142 districts with a record of less then 30% safe deliveries.
- Resources and skills of the Indian Systems of Medicine are also being utilized in the RCH Programme. Effective Ayurveda and Unani medicines for common ailments of women and children are being supplied to Sub-Centres/institutions in 7 States, in particular.
- Private-public partnership through the NGO movement has been networked in 412 districts.

Diversion of funds under RCH programme

793. SHRI K. RAHMAN KHAN : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government are aware that the funds allocated by his Ministry under Reproductive and Child Health (RCH) Programme are being diverted for other purposes;

(b) if so, the names of the States from where such diversion has been reported;

(c) the steps taken to check such diversion and misuse of funds; and

(d) the amount allocated to Karnataka under this programme since 1998?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. C. P. THAKUR): (a) and (b) No, Sir. No such instances of diversion have-come to our notice.

(c) 32 out of the 35 States have created societies at the State level named 'SCOVA' especially for implementation of the Reproductive and Child Health Programme. The accounts of the SCOVA are annually audited by Comptroller and Auditor General (C AG) or C AG empanelled Chartered Accountants. Besides this, periodical reviews and inspection of the SCOVA accounts are made by the Departmental officials. In remaining 3 States namely Karnataka, Tamil Nadu and Maharashtra using the budgetary mechanism, the audit is made by CAG besides the control of State Financial mechanism apply.